

232956

HERBERT'S WHEELCHAIR TRANSPORTATION, LLC
2211 WEEPOOLOW TRAIL
CHARLESTON, SOUTH CAROLINA 29407

(843) 345-5550
(843) 375-0132 Facsimile
E-mail: lherbert33@att.net

2011441-T

TO:

NAME: Public Service Commission Clerk's Office

NUMBER: 803-896-5199

FROM:

NAME: Lisa Herbert

REMARKS: Please see attached Class C Non-Emergency Application Process.
Original will be mailed. I would really appreciate it if you can
expedite my application.

ORIGINAL SENT via fax
BY MAIL: no

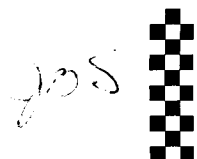
THIS TRANSMISSION CONTAINS 18 PAGES, INCLUDING THIS COVER SHEET.
IF YOU HAVE EXPERIENCE ANY PROBLEM RECEIVING THIS TRANSMISSION,
PLEASE CALL (843) 849-0888.

OPERATOR: rdh

DATE: October 19, 2011

FILE:

RECEIVED
OCT 19 2011
CLERK'S OFFICE



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2211 WEEPOOLOW TRAIL
CHARLESTON, SOUTH CAROLINA 29407

(843) 345-5550
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October 19, 2011

VIA U.S. MAIL AND VIA FACSIMILE: 803-896-5199

Public Service Commission Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

Re: Class C Non-Emergency Application Process

To Whom It May Concern:

Enclosed herewith please find my completed Class C Non-Emergency Application, copies of my Articles of Organization and a copy of my Certificate of Existence for approval.

My family owned and operated an ambulance/wheelchair transportation company for over fifty years. In fact, my father, Bobby D.W. Herbert, was the founder of wheelchair transportation in the Charleston area. I began working for my father's company in 1983 when I was sixteen. I worked for the family business in every capacity, including handling wheelchair transportation. We sold the family business and I continued to work for the new company for several years. My non-compete clause has expired and I am very excited about reopening our family business in order to provide quality, safe, reliable, and reasonably priced transportation for clients in the coastal areas.

Sincerely,


Robert D. Herbert

/rdh
Enclosures

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C
Non-emergency Certificate
for Robert Herbert d/b/a
Herbert's Wheelchair Transportation
LLC

(Please type or print) Submitted by: Herbert's Wheelchair Transportation
LLC (Robert Herbert)

Address: 2211 Weepoolow Trail
Charleston, SC 29407

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Telephone: 843-345-5550

Fax: 843-375-0132

Other: _____
Email: LHerbert33@Att.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
OCT 19 2011
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: October 18, 2011

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Herbert's Wheelchair Transportation LLC
2211 Weepoolow Trail, Charleston, SC 29407
Street Address of Applicant

NA
Mailing Address of Applicant (if different from street address)

843-345-5550 843-375-0132
Phone Fax

L Herbert 33@ Att. net
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

only officer of LLC is Robert D. Herbert
2211 Weepoolow Trail
Charleston, SC 29407

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month _____ Year _____

Assets:

Cash	1000.00
Receivables	- 0 -
Real Estate	- 0 -
Buildings and Equipment (Net)	- 0 -
Motor Vehicles (Net)	15,000.00
Garage Equipment (Net)	- 0 -
Machinery and Tools (Net)	- 0 -
Supplies on Hand	- 0 -
Prepays and Other Assets	- 0 -
Total Assets *	16,000.00
<u>Liabilities and Equity:</u>	
Accounts Payable	- 0 -
Notes Payable	- 0 -
Mortgages Payable	- 0 -
Equipment Obligations	- 0 -
Accrued Salaries and Wages	- 0 -
Other Accrued Obligations	- 0 -
Other Liabilities	- 0 -
Total Liabilities	- 0 -
Capital Stock	16,000.00
Retained Earnings	- 0 -
Total Equity	16,000.00
Total Liabilities and Equity *	16,000.00

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$100.00 Base Fee

\$ 2.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input checked="" type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input checked="" type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input checked="" type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input checked="" type="checkbox"/> Bamberg | <input checked="" type="checkbox"/> Colleton | <input checked="" type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input checked="" type="checkbox"/> Williamsburg |
| <input checked="" type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input checked="" type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input checked="" type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input checked="" type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input checked="" type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Ford	2007 Van	1FB5S31L57DA62112	6000	yes

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Robert Herbert

Name of Applicant

Address of Applicant

Amount of Premium:

Liability Insurance \$ 1,000,000 / 2,000,000 \$750.00 per year

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>1,000</u>

Buras + Wilcox

Scott's data

Name of Insurance Company

1 Nationwide Plaza

Columbus, OH 43215

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/13/11

Date



Triest Agency

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Robert D Herbert
Applicant's Signature
Robert D. Herbert, Member
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 18th day of October, 20 11

AUV
Notary Public

Commission Expires 2/24/20

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

HERBERT'S WHEELCHAIR TRANSPORTATION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 6th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
7th day of October, 2011

Mark Hammond
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

OCT 06 2011

ARTICLES OF ORGANIZATION

Limited Liability Company - Domestic

Filing Fee - \$110.00

SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Herbert's Wheelchair Transportation, LLC

***NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is
2211 Weepoolow Trail

Street Address

Charleston, South Carolina

29407

City

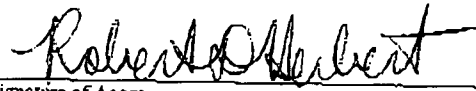
Zip Code

3. The initial agent for service of process is

Robert D. Herbert

Name

Signature of Agent



and the street address in South Carolina for this initial agent for service of process is

2211 Weepoolow Trail

Street Address

Charleston, South Carolina

29407

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Robert D. Herbert

Name

2211 Weepoolow Trail

Street Address

Charleston, South Carolina

29407

City

State

Zip Code

- (b)

Name

Street Address

City

State

Zip Code

111006-0293

FILED: 10/06/2011

HERBERT'S WHEELCHAIR TRANSPORTATION, LLC

Filing Fee: \$110.00 ORIG



Name of Limited Liability Company Herbert's Wheelchair Transportation, LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) _____
Name

Street Address

City State Zip Code

(b) _____
Name

Street Address

City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Robert D. Herbert
Signature of Organizer

October 5, 2011

Date

Signature of Organizer

Date

Filing Checklist

- Articles of Organization
- \$110.00 madganization (filed in duplicate)
- Self-address payable to the South Carolina Secretary of State
- Make sure that, **stamped return envelope**
than one. If you organizer has signed the form. Only one organizer is required, but you may have more organizer is you have more than one organizer, every organizer listed on the form must sign. The of State. The individual who completes the documents and delivers them for filing to the Secretary may simply forganizer may be an owner of the entity, but he or she does not have to be. The organizer with subsequent the individual who assists in the formation of the LLC without having any involvement
- Return all documents ownership or operational functions.

Documents to: South Carolina Secretary of State's Office
Attn: Corporate Filings
1205 Pendleton Street, Suite 525
Columbia, SC 29201

Registering your

SPECIAL NOTE

this name on or limited liability company name does not, in and of itself, provide an exclusive right to use requires further connection with any product or service. Use of a name as a trademark or service mark information, clearance and registration and may be affected by prior use of the mark. For more act the Trademarks Division of the Secretary of State's Office.